

Application Data Sheet

Application Information

Application number::	
Filing Date::	09/25/02
Application Type::	Nonprovisional
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	A MONITORING SYSTEM CONTAINING A HOSPITAL BED WITH INTEGRATED DISPLAY
Attorney Docket Number::	005123.00065
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	05
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Bart
Middle Name::
Family Name:: Chernow
Name Suffix::
City of Residence:: Fort Lauderdale
State or Province of Residence:: Florida
Country of Residence:: United States
Street of mailing address:: 2100 North Ocean Blvd.
City of mailing address:: Fort Lauderdale
State or Province of mailing address:: Florida
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 33305

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Michael
Middle Name::
Family Name:: Salem
Name Suffix::
City of Residence:: Fort Lauderdale
State or Province of Residence:: Florida
Country of Residence:: United States
Street of mailing address:: 2100 North Ocean Blvd.
City of mailing address:: Fort Lauderdale

State or Province of mailing address:: Florida
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 33305

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	nonprovisional of	60/413,392	9/25/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::